Liver TPL in Severe acute alcoholic hepatitis: Cons view

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Lecture : Liver transplantation for alcoholic liver disease accounts for 20-40% of primary LT in Western world
In Korea, the proportion has been increasing from 6.8%(2010) to 27.5% (2014) in DDLT setting (2nd after HBV related liver disease). Therefore, it became global issues in LT society.
There are several papers that showed dramatic survival benefit with low incidence of post-LT alcohol relapse (1, 2) However, small sample size, lack of long-term follow up, and risk of center specific bias.
Marthin P et al reported LT showed better outcome in cases with stringent patient selection. However, matched controls may not have been comparable to patients in terms of support of family members, intentions of patients to remain alcohol free, or availability of counseling in the event of a return to drinking. Furthermore, the reason for exclusion from early transplantation was a predisposition to addiction or unfavorable social or familial profiles in approximately 90% of nonresponders with severe alcoholic liver disease
Why is early liver transplant inappropriate in all cases with acute alcoholic hepatitis?
1. Medical treatment should be considered first because
A. Good response after medical treatment if abstinence is achieved
B. Abstinence before LT is one of the important protective factor to reduce relapse. (3).
2. Alcoholism is separate psychological disorder that can't be controlled and managed easily. 10-50% after LT even with stringent selection criteria & psychological support team. Half of relapse is harmful relapse
3. Poor prognosis in severe alcohol relapses
4. Recidivism may negatively affect on organ donation
Therefore, Early LT for severe alcohol hepatitis is not good option.

References
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